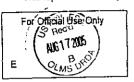
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U • 95 95	2. Fiscal Year Covered From:
	7 / 72 / 2004 Through: 2 / 3 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name KEVIN DE CHROEN	Name Pipelityens Local UNION 636
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3300 PARKER STATES	Street 30100 Northwestern Hwy
City DEARBORN	City FARMING FOW 14 11/5
State Mich g AN ZIP Code + 4 48/24-3554	State Michigin ZIP Code + 4 48334
5. Position in labor organization.	RESENTINE
with or	usions set forth in the instructions);
monetary value from an employer whose employees your organization	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any).	
Name Date of the Control of the Cont	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street Street	
City City	
State ZIP Code + 4	
Sing the state of	gnature

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

8-12-05

Date

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

313-274-9607

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

3. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street City		
State ZIP Code + 4	٠.	: ·
	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.		
Name Property of the second se		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street The street of the stree	11.b. Approximate dollar value of such dealing.	
City City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	2.a. Natile of inferest left of months (Constitution)	
	12.b. Amount.	经 解证 化二二二十二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二
C. Received from any employer (other than an employer covered und	der parts A and B above)	

or from any labor relations consultant to an employ

